

THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, FEBRUARY 4, 1869.

[VOL. III.—No. 1.

## Original Communications.

### CLEFT PALATE.

EXTRACT FROM A CLINICAL LECTURE DELIVERED AT  
THE MASSACHUSETTS MEDICAL COLLEGE, HARVARD  
UNIVERSITY, DEC. 21, 1868.

By HENRY J. BIGELOW, M.D., Professor of Surgery.

[Reported by HENRY H. A. BRACH, M.D.]

IN showing a plaster cast of a cleft palate recently operated upon, I would direct attention to a mechanical expedient for aiding union of the palate in the operation of staphylorrhaphy, first employed, so far as I know, in this case. Before doing so, it may be well briefly to review this deformity and the operation for its relief. The cleft may be median or lateral. It is either a continuation of a hare-lip, or exists independently. In the latter case it may involve both the hard and soft palate; or only the soft palate may be affected—and in cases very favorable for operation, to an inconsiderable degree. The result of this deformity is chiefly noticed in the nasal intonation of the voice, to correct which various expedients have been proposed. The name of the late Dr. J. Mason Warren is associated in this community with many of our earlier operations, and I think that to him is fairly due the original suggestion of freely liberating the soft palate by dissecting it from its upper attachments, before drawing together the margins thus liberated. This is perhaps the great improvement of the modern operation.

I am not aware that Dr. Warren described the anatomy of the parts thus detached. This was afterwards done by Mr., now Sir Wm. Fergusson, who, examining the cleft palate of a dead child, showed that this malformation involved a contraction of the levator palati, and sometimes other muscles. I do not know that this distinguished surgeon detached the flaps in a way which practically differed from that repeatedly accomplished by Dr. Warren, but having described anatomically the parts thus dissected, his name is associated with this feature of the modern

operation. The late Dr. Warren was impressed with the belief that a large majority if not all the subjects of this operation were materially improved, if not cured, of their nasal voice. A case of my own, fifteen or more years ago, led me to scrutinize this point more narrowly, and I was led to the conviction that although a patient occasionally shows a remarkable improvement in speech, the rule is the other way. Neither can improvement be always expected at once, but only after a lapse of sufficient time to allow the parts to become flexible. The case I have just alluded to was that of a young lady, in whom the nasal intonation was very marked, and in whom the only apparent deformity of the palate was a partial cleft of the uvula alone. The palate was ample, and to appearance well under muscular control, and yet this congenital deformity of a bifid uvula was associated with some imperfection in the mechanism of articulation, which months of efforts on her part, even after the fissure was closed by the operation, failed to overcome. This case established the fact that something is wanting for perfect articulation beyond a palate of normal size and appearance; and that although the lateral flaps of a cleft in the soft palate may be attached to each other, often with a result beautiful in appearance, it does not therefore follow that the nervous and muscular action will be perfectly restored. In the case of a wide fissure extending well forward through the bone, the parts are actually insufficient to restore the palate, and then the usual result of the common operation is a band of greater or less width tightly stretched by cicatricial contraction across the palate, bounded behind by a naso-pharyngeal chasm which it is insufficient to close, and in front by a fissure in the bone which still remains. It is difficult to say that the phonation of such patients is not improved a little; they are, indeed, generally inclined to flatter themselves with this belief after an obturator has been adjusted to the bony opening. A patient with palatine fissure, in articulating the words *bad man*, says *man man*, vainly try-

[WHOLE No. 2136.]

ing by facial distortion to occlude the anterior nares; while a patient with nares occluded by a tumor, or a cold in the head, says *bad bad*, or *beautiful bood*, as in the familiar poetry of *Punch*. Between the nasals *m*, *n*, and *ng*, on the one hand, and the labials *p*, *b*, the linguals *l*, *d*, and the gutturals (improperly so called) *k* and *g* hard, made with the the occluded nares, on the other hand, there is a wide difference; and perfect articulation requires the machinery for enunciating, at will, both sets of consonants. This the healthy palate supplies in opening and hermetically closing the posterior nares. Yet there are persons with sound palates who habitually talk through the nose, as the conventional Yankee is said to do. Such persons do not make efficient use of their levator palati and superior constrictor of the pharynx. While we may hope to approximate our patients to the normal condition of such persons, it should be remembered that a very small communication with the nasal fossæ may materially modify the intonation. The nasal quack of the duck, for example, is produced by the reverberation of a comparatively small elastic cavity; and a hole in the human palate a quarter of an inch or even less in diameter, may produce the same result. It cannot be denied, however, that a very marked improvement now and then results from this operation, especially in a favorable case; and in view of this possibility it is certain that patients will continue to demand it at the hands of the surgeon.

The expedient to facilitate union, before alluded to, consists in the employment of a temporary artificial palate, in this instance of hard rubber, to protect the parts during cicatrization. Its use was suggested to me by Dr. Beach as a means of shielding the tongue from metallic sutures, and thereby enabling the surgeon to employ them conveniently during this operation. It also occurred to me that this arrangement would protect the palate from the peristaltic action of the tongue in swallowing, and other involuntary movements which endanger union. It is pretty well established that the success of the modern operation for vesico-vaginal fistula mainly depends upon the use of metallic sutures planted close together, so as to insure close contact of the wound, with an irritation so inconsiderable that they can be left in place from one to two weeks. Similar advantage ought to accrue from their use in the palate. The hard rubber palate here shown was made by Dr. Sheppard, Adjunct Professor in the

Dental School of this University, and fitted so as to cover the whole region occupied by the palate after the operation. It conforms with the arch of the normal palate, leaving an interval of about a quarter of an inch between it and the mucous membrane. Behind, it bends down just far enough not to incommode the tongue, while in front it was in this case keyed in the interstice of the incisors left by the former hare-lip, and laterally attached by a string to a tooth on each side. The whole is made as accurately as if it were a plate for false teeth. A hole near the front admits the nose of a small syringe, by which the interval between the plate and palate was syringed with warm water twice daily. In this case, I cannot doubt that this contrivance was of service. The fissure was wide, reaching forward to the incisors. The flaps were detached well forward from the bone, and seven fine silver stitches were inserted. The plate was not removed for the examination of the parts until the eighth day, when every stitch was found in place and was removed, the union being perfect. During the succeeding week the contracting cicatrices at the margin of the wide fissure of the bony palate drew apart a quarter of an inch of the anterior extremity of the wound, which is less than usual in these cases. The width of the remaining band was about one inch and a quarter, which, considering the size of the palate, is more than we could have expected. I cannot but think that whatever be the operation upon the palate, a more perfect union will be secured by silver sutures thus protected than by the ordinary method.

It remains to notice some of the expedients which have been of late years adopted in connection with this operation. One of the most valuable of these is the so-called "gag" of Mr. T. Smith, of London, a steel instrument by which the jaws are admirably kept open, and the tongue at the same time depressed, so that the parts are fully exposed, and the operation can be performed with great facility under ether, even in young subjects. This one, imported by Dr. Hodges, has been fully tested in the operations of staphylorrhaphy, excision of tonsils, &c., with ether, during the past few months at the Massachusetts General Hospital, and the operation above alluded to was done with its assistance.

Much attention has been directed to the different methods of closing the openings behind and in front of the transverse band of varying width which results from the union of the soft palate in large fissures. This

has been usually effected with an obturator. I have not met with as good results as many writers claim to have obtained, by an operation which consists in simply detaching the soft tissue from the bony margins of the anterior fissure. Of this tissue Langenbeck says that it is "more fragile and more adherent to the periosteum as we approach the gums; in fact, you can only borrow auto-plastic flaps with a chance of success from the posterior part of the mucous membrane, the thickest and least adherent, especially that which covers the horizontal plates of the palatine bones." But there can be little doubt that by detaching this flap we secure a union of the soft palate to a point a little further forward than might otherwise be possible, and so facilitate the subsequent use of an obturator. A later operation, usually attributed to Langenbeck, is said to be much more effectual in closing the anterior fissure. It consists in denuding the whole horizontal bony palate, and uniting the soft tissue thus detached upon the median line. A good idea of this operation may be obtained by supposing two large lateral flaps to be thus formed, from the whole soft and hard palate combined. The tissue is best detached from the bony palate by square or spade-pointed blades inclined to their handles, by which the tough tissue is cleanly dug or hoed from the bone. After starting it, blunt instruments work best. Such flaps are still insufficient, anteriorly, and a lateral incision is therefore made on each side, close to the alveolar processes from the second incisor nearly to the last molar. These incisions stop in front, at the incisors, and behind near the hamular processes, in both cases before reaching the bony canals of the arteries. Thus the arteries of the flaps are preserved, before and behind, and the flaps are wholly detached from the horizontal bone, except at these three points; the anterior attachment being a pedicle. These incisions are usually made first, and the process of detaching the soft parts is there begun and continued inward toward the median line. When the fissure is wide, and one or both sides of the bony palate vertical, the lateral incisions may not be needed. The anterior fissure thus occluded by obturator or membrane, can have no immediate influence in bad cases upon the pharyngeal opening; although it is quite probable that after a lapse of time the flexible membrane will insure a more flexible soft palate and a better phonation than an unyielding obturator.

M. Passavant, of Frankfort, in a paper

on the means of obviating the nasal intonation in congenital fissures of the bony and membranous palate, &c. (*Arch. Gén. de Méd.*, 1865), after alluding to the inefficiency of present operations to attain this result in a majority of cases, cites a case of much improvement after an operation in which the posterior border of the soft palate was attached to the pharynx behind it, the surfaces being first denuded and then placed firmly in contact by means of sutures. This result, however, was only attained at the expense of a transverse incision of the soft palate, by the gaping of which the palate was brought into contact with the pharynx. I ought here to add that, within a few months, I have attempted this operation in one instance without liberating the soft palate by a transverse incision, and that in this instance the pharyngeal border failed to unite. But it seems not improbable that these and other comparatively recent investigations will lead to some operation to be performed under ether (with the invaluable aid of the dilator above mentioned), which may so far occlude the nasal cavity or shut it off from that of the mouth by a flexible septum, as to insure in bad cases an improvement of the voice, which now only occasionally results from the operation in such cases. It is probable that the hard and soft rubber palate, alleged to afford relief in these cases without operation, would be even more efficient as the results of surgical interference become more complete.

It remains only to describe the common operation. If ether is not to be used, the patient should educate the soft palate to insensibility for a few days by frequently tickling it with a feather. The best way to hold the soft palate for dissection is with double hooks terminating in firm single points, meeting and crossing a little. A single puncture is thus made. Forceps slip, tear and bruise the parts. I divide the muscles until the flaps are free, with scissors doubly curved, on the edge and flat, one for each side, passing the finger occasionally behind the flap, to find what is most tense and unyielding. The edges are now to be pared; this incision bleeds less, and is therefore perhaps best done first. The whole thickness of the edges of the palate should be denuded, and if there be doubt upon this point, owing to the discoloration of the parts, the detached sliver may be floated in water to see if it is of uniform width. Further dissection may be made before or behind at discretion, and the parts brought together by common

small curved needles threaded with silk or wire; then each suture, to facilitate finding it again, has its ends united, and each is drawn in succession through the fissures of a plate of cork, cut like a comb and held on the forehead of the patient. The best needle-holder should have jaws not a quarter of an inch wide, that they may not straighten a curved needle, and not extending half an inch beyond the pivot, that the long handles may secure a firm grip of the needle. The best needles are the smaller sizes of glovers' needle, curved with different bends, the temper being then partially restored and their convex surface flattened by grinding or honing, to prevent them from turning in the forceps. The silk sutures are now tied with common knots; or the wires with a half knot and then a twist, and are to be left in place until union, or as long as they are of any service.

#### AN IMPROVED FRACTURE BED.

By ALBERT SMITH, M.D., Peterborough, N. H.

THE following suggestions, which are only the application of a well-known principle, seem to me to embody an important improvement in the treatment of fractures of the lower limbs, or indeed of any bed-cases. The apparatus is so cheap and easy of construction, as to be within the means of any one; and may be improvised at once, under almost any circumstances in which a patient may be placed. I herewith send you the plan proposed and the mode of using it.

I was called in consultation with Dr. W. D. Chase, of this town, to Mr. Miles Robinson, of Bennington, who had fractured his thigh near the trochanter major, by a fall from his haymow. After the bed had been prepared and the fracture adjusted, and extension applied by a weight over a pulley, I suggested that an apparatus should be constructed for the purpose of raising him from the bed, without injury to the fracture. Those who have the means can procure appliances of this kind, such as Dr. Josiah Crosby's fracture bed, or Dr. W. D. Buck's modification, or others; but the patient was poor, and must have gone without them, unless some cheaper arrangement could have been suggested.

We adopted the following plan:—We directed a frame to be made of the length of the bed and about three feet wide, composed of four pieces of plank, say 3x2 inches in thickness, if of soft wood, secured at the corners, by a mortise or a bolt. Across this frame, from one side to the other, bands of

some strong material, which might be webbing, or bed-ticking, or any other strong cloth, about six inches wide, were carried under the body of the patient, but over the sheet on which he lay, and were fastened securely to the frame on each side, the bands being arranged about six or eight inches apart. This apparatus might remain in its place without any inconvenience, when not used. In order to raise it with the patient on it, a staple was driven into the ceiling over the centre of the bed; a small tackle was hooked upon the staple, and a cord from each corner of the frame was attached to the lower block of the tackle. Assisted by the rope of this tackle the patient can now, with little effort, raise himself as often as may be necessary or desirable.

In this case, the patient had been suffering for years with a painful sciatica of the thigh that was broken, and seemed a most unpromising subject for such a grave injury. But with this apparatus, he is quite free from pain, and seems to be doing as well as any one could at his age (66), it being now nearly four weeks since the accident occurred. In the meanwhile, extension has been kept up without any inconvenience or pain, and there is every prospect of a useful limb, with very little shortening.

This is the second case in which I have used this apparatus with complete success. In the former case, a compound fracture of the tibia, with extensive lacerations of the soft parts, the patient had lain more than forty days on his back, with much suffering and uneasiness. The application of this apparatus surprised and delighted him with the great comfort it afforded, and the ease with which it was used. It was a complete relief to his restlessness; it quieted and soothed him, it gave an opportunity to ventilate and make up his bed as often as desired, it answered all purposes of defecation, and prevented anything like bed-sores, so likely to occur when a patient is long confined to one position.

This may seem a small improvement to suggest to the profession, but it is by such as these that the way is opened to greater and more valuable discoveries. My experience with the mode here suggested has been so successful, that I could not withhold it, however trifling its importance may seem. I hope it will be tried, since the apparatus can be made at so little expense, can be improvised at once, under any circumstances, and is as useful and comfortable as a more expensive apparatus.



## Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.

CHARLES D. HOMANS, M.D., SECRETARY.

Oct. 26th.—*Typhoid Fever in Limited Localities.*—Dr. COTTING reported an instance. In Kearsarge avenue is a block of three houses, built of brick six years ago. In the middle house the father was taken sick, and in the course of two weeks four children, who all had typhoid fever and were very sick; in the upper house the fever attacked two adults, and in the lower house four adults, of whom two, a mother and daughter, died; there was one case in each of two houses behind these; all recovered but the two above mentioned. Dr. Cotting had visited in one of these houses during the past ten days, and had found it for ventilation and cleanliness as good as any house could be. After the sickness began, the vault of one of the houses was found to be obstructed, was opened and emptied, but still the disease went on. He could give no explanation of the origin of the attacks, but demurred against the sensational stories promulgated in the community and by the press.

Dr. George Derby thought we were not justified in the conclusion that no local cause existed, because none was found at the first search. In numerous instances an obstructed drain, or a leaky vault, or cesspool, or an accumulation of foul material, which had previously escaped notice, have been revealed by a thorough tearing up of the underground premises. In England such local outbreaks of fever were investigated under Government authority by medical officers. What they have found is reported in the volumes annually published for public information by the medical officers of the Privy Council. The connection between putrifying organic material conveyed to the system by air and water, and fever, seems to be clearly made out. The same connection has been very often traced in this vicinity, as at the Maplewood Institute in Pittsfield, the Clifton House on the Marblehead shore, and in many other instances.

Dr. Derby had witnessed an outbreak of typhoid fever of a very striking character during the war. Military necessity required that one of four regiments, 850 strong, should occupy ground that had been held for several months by the enemy, and which was filled with excrement, and the waste of the camp. Water was drawn from shallow

wells sunk in the midst of this pollution. Three hundred cases of typhoid and twenty-two deaths occurred in this regiment. When they moved to a fresh camp the disease disappeared.

Such evidence seems as positive as that connecting any disease with its cause; syphilis and small pox with contagion, scurvy with the absence of fresh provisions; more positive than that connecting rheumatism with exposure to cold and wet. Neither of these causes always produces the associated disease.

Dr. DERRY thought the popular impression that filth produced fever should be encouraged by our profession.

Dr. READ said a similar series of cases occurred in Lynn some years ago, and it was found that a vault emptied itself into the waters of a well constantly in use for domestic purposes; this was put in order, and the fever ceased.

Dr. COTTING had been able at one time, standing at his own door, to see houses in which eleven cases of typhoid fever existed, counting two in his own house; their origin could not be satisfactorily explained. Once six or seven cases occurred in a light-house dwelling, far from any other residence, having no obstructed drainage, and of course having plenty of good fresh air.

Dr. REYNOLDS said that though these drains were examined, sufficient care might not have been employed, as they frequently proved to be out of order when supposed to be all right.

Dr. JACKSON confirmed what had been remarked by Dr. Cotting.

Dr. WARE thought it a mistake to call the evidence positive when we do not know that the supposed cause produces the disease. In the present state of our knowledge of the nature of typhoid, it is mere coincidence. We know that the same conditions of drainage do not always produce typhoid. And we know that typhoid occurs when there is no such cause to produce it. It is quite as likely that it is something else less conspicuous, and of which we are at present ignorant, which occasions these groups of typhoid within a limited area when there is not much of it in the neighborhood. Dr. Ware had met with three instances of isolated groups of typhoid, one where there were five cases in one house, another in which there were seven cases in one house, another in which there were eighteen cases in a block of two houses. In each instance typhoid was not prevalent in the neighborhood. In neither instance was there any defective drainage, nor nuisance

of any kind about the premises or neighborhood.

The numbers in each of these groups are sufficiently large to make it probable that there was a special cause for their occurrence. But they also show that it is a hasty thing to conclude, that when there happens to be the coincidence of defective drainage, that that is the cause.

Dr. CORNINE thought there was something belonging to typhoid fever essential to an attack or spread of the disease, besides emanations from drains, filth, &c. The disease broke out again at Maplewood, a year or so after the cleansing. At Andersonville, filthy enough, certainly, there was none of it, and when brought there it did not spread.

A typhoid fever recently prevailed in Bootle, a suburb of Liverpool, and according to reports seized upon those dwelling in self-contained, airy, and well drained houses, in larger proportion than in others. The usual complaints against water-supply, drainage, filth, &c., were made, but were found to have little or no foundation. "That it had its origin in some more general cause seems proved," says a reporter, "by the wideness of its spread, for not only were Bootle, Waterloo, and Seaford affected, but a fever of the same type prevails largely in Liverpool just now."

Dr. HODGES suggested that as there was probably blood poisoning in this disease, the poison might exist in the atmosphere and be transferred from house to house or person to person, as has been thought to be the case in erysipelas, septicæmia, and pyæmia.

Dr. OLIVER said that during the late war a cavalry regiment encamped on ground near Alexandria, which became gradually saturated with urine, &c., the horses standing up to their ancles in filth; typhoid fever broke out in this regiment, and in no other one of the division. The cases were very numerous, and many of them were fatal. This was the only cavalry regiment in the division, and it was encamped in the immediate vicinity of the infantry regiments and of the batteries of artillery, but on lower ground, where drainage was necessarily bad. Thorough search, by an official, failed to detect any other cause for the outbreak of fever than this accumulation of filth.

Dr. LYMAN said that during the war of the rebellion there were many instances of this kind, but it only proves that low fever will follow the re-occupation of old camping-grounds, which retain the filth, &c., resulting from their former use. A notable in-

stance of this kind was observed at Columbus, Ky., which had been occupied by a confederate army during the year preceding its occupation by the Federal forces.

Nov. 9th. — *Local Origin of Typhoid Fever.* — Dr. MIXER said that he was called in September to a gentleman in Watertown, who was ill with typhoid fever. The patient was convalescent towards the end of October, and was able to come to town for the first time, October 29th. Some days previous to that date, a foul smell was perceived about the house, and the drain was taken up and examined, but nothing wrong was discovered. On the 31st of October, a little boy eight years old, having been complaining for a few days, was taken sick with what proved to be typhoid fever. November 2d, a girl, nine years old, and November 4th, another girl, twelve years old, were taken ill with the same symptoms. A careful search was now made as to the condition of the drain, and it was found that an opening existed between it and an air box which conveyed air from without to a chamber behind the kitchen range and thence to the bath room, so that the foul air had free access to the bath room, and thence to other parts of the house. Nov. 6th, the wife of the gentleman first taken ill, after suffering for a week with headache, went to bed with symptoms of typhoid fever. As some smell was still perceived about the premises, a new search was made, and another opening in the drain was discovered, beneath the wash-room floor. The workman who took up the floor was so much overpowered by the effluvia that he had to be assisted to the outer air.

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NORFOLK DISTRICT MEDICAL SOCIETY OF MASSACHUSETTS. WM. H. CAMPBELL, M.D., OF ROXBURY, ASSISTANT SECRETARY.

A regular quarterly meeting of the Norfolk District Medical Society, was held at the Phoenix House, Dedham, January 13th, 1869, at 11, A.M.; the president, Dr. Cotting, in the chair.

The records of the preceding meeting were read by the secretary, Dr. Jarvis, and accepted.

Dr. Stone, Jr., of Walpole, related five cases of malignant pustule, in addition to those he had previously reported (Boston Medical and Surgical Journal, Feb. 13th, 1868, p. 19).

There have been in all sixteen cases of this disease in Dr. Stone's neighborhood, of which nine were fatal. All these cases oc-

curred in persons working in, or in some way connected with, a hair-factory in the vicinity.

In some of the cases bacterids were found in the vesicles; in one case, in the blood also.

Dr. Stone thought there could be no doubt that the disease owed its origin to a specific poison. The general symptoms were those of a low form of typhus. He said that the patients derived most relief from hypodermic injections of morphia, administered not so much to allay pain as to quiet gastric disturbances, which were very distressing. (Paper on file for publication.)

Dr. Alden, of Randolph, gave an abstract of a paper on the temperature of sick rooms. To the majority of patients a temperature of 62° to 68° Fahr. will be found most acceptable; but the aged, or the very young, require it somewhat higher. This should be regulated by a thermometer, and not left to the sensations of the nurse or attendants. An open fireplace, with wood fire, secured the best ventilation; but the sheet-iron airtight stove, burning wood, would heat a room more effectively in very cold weather; and was preferable to coal stoves, or even the hot-air furnace. There should, however, be an opening in the chimney near the floor. One in the flue, near the top of the room, guarded by a self-regulating valve, opening to an upward current and closing to a descending one (as used in many London houses), might also be very useful.

A great desideratum would be attained if the experiments proved successful which were understood to be now making—having for their object the construction of a hot-air furnace, whose chamber should be heated by steam-pipes, so that nothing but fresh air could enter or pass through it, the heating apparatus being outside, and kept uniform by a thimble-feeder, and the whole at a reasonable cost.

After the remarks elicited by these two papers the Society, by vote, took up the subject assigned for discussion at this meeting, viz.: "*Precautions obligatory, in the present state of knowledge, to be urged upon members of households attacked with scarlet fever—as regards the family and neighbors, and also attendance at school of the healthy children of such families.*"

Dr. Faulkner, of Jamaica Plain, after some remarks on the uselessness of belladonna as a prophylactic, though still mentioned in the text-books, spoke of the uncertainty of any attempts to prevent the access or spread of scarlet fever. He had seen it appear in a family, without known origin, and take

one only out of six children. In some instances it did not spread when no measures were taken to prevent spreading.

Dr. Martin, of Roxbury, believed that there was no proof that the disease had ever been carried in the clothing of physicians or others visiting the sick, though he was not prepared to say that children should indiscriminately go to school from houses where the disease existed. He was quite certain that convalescent patients should not be permitted to go about as soon as generally allowed, as they were capable of communicating the disease while any desquamation was going on. He once suspected a case to have been induced by a blanket taken from a trunk where it had been deposited from a patient fifteen months previously, but he could hardly believe in such a conveyance.

Dr. Edson, of Roxbury, said that he believed physicians might be the means of communicating scarlet fever, and cited two cases, one in his own family, where he himself had apparently carried the disease. He acknowledged that such cases did not afford absolute proof, as some other mode of access was possible, nevertheless the presumptive evidence was strong.

Dr. Burgess, of Dedham, would not keep children from school, and did not believe in such easy communicability of scarlet fever.

Dr. Stedman, of Jamaica Plain, usually advised children to be kept at home in such cases, though he thought there was little or no danger in their going to school. We must, he said, respect, in some degree, the prejudices of the community.

Dr. Alden, of Randolph, thought it was prudent to keep such children at home for their own sakes. As to communicability, that possibly depended on the severity of the disease or epidemic influences.

Dr. Arnold, of Roxbury, after referring to the various ways of communicating the disease, said that it was very certainly contagious, but the laws of its contagion were not yet thoroughly understood. He was quite sure that he had traced it to clothing. He would not allow well children to go to school from houses infected with this disease; and the sick at home should be isolated.

Dr. Salisbury, of Brookline, thought that the disease often appeared to be carried by well persons, when in reality such persons had sore-throat, and were, in fact, passing through a form of the disease. This form of the disease may occur in those who have had scarlet fever previously.

Dr. Jarvis, of Dorchester, said it was best

to err on the safer side, and to keep the well children at home when the disease was in the house. However, he never knew of an instance of the disease being carried in such a manner.

Dr. Stone, Sen., of Walpole, believed that scarlet fever never arose spontaneously; it was always communicated, and was contagious while desquamation lasted. He confirmed Dr. Salisbury's statement, and related several cases in which the disease seemed to be carried in clothing, but in reality arose from the supposed carrier being affected with sore throat. This sore throat in those protected by previously passing through the disease on being subsequently exposed, was analogous to varioloid after smallpox or vaccination; and was capable of giving the disease to such as were not protected.

Dr. Jones, of Newtonville, formerly of this society, present by invitation, thought that clothing might be a means of communication if contaminated with any of the discharges from mouth or nostrils of the patient, but not otherwise. On full recovery the child should be well cleansed and its clothing washed and aired, before being allowed to mingle with others.

The time assigned for adjournment having arrived, further discussion was deferred to another occasion.

At 1½ P.M., adjourned.

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### Bibliographical Notices.

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#### "Scarlet Fever and its Prevention."

UNDER this title "W. Budd, M.D. Ed., Honorary and Consulting Physician to the Bristol Royal Infirmary," writing on the question of how soon children at boarding schools may be removed to their homes after passing through scarlet fever, says, in the *British Medical Journal*, Jan. 9th, 1869: "If in fact the patient can be so treated as to cease to be an active source of infection by the time he is able to travel, the difficulty is over." One would think so, surely. "Now," he adds, "if my own experience can be trusted, nothing is easier." Q. e. d.

Then, in seven "simple precautions," in which "handkerchiefs are proscribed" but "a good supply of towels" "always at hand," chlorides are repeatedly insisted on; though some paragraphs after that he says, "experience of the largest and most decisive kind has shown that chlorine in the degree of atmospheric impregnation respir-

able by man has no appreciable influence in preventing the spread of infectious disorders." Again, having suitably deplored that others all "united in the humiliating confession that no definite time could be named in which persons who had gone through this infection could safely mix with others," he condescendingly informs the rest of mankind that:

"According to my own experience, these difficulties and perplexities may be entirely averted by the employment of the simplest precautions. To be successful, these precautions must be put in force early, and must be thoroughly carried out. The first thing to aim at is, to prevent the minute particles, which are the carriers of the poison, from taking wing until they can be disinfected *in situ*. This, I find, can be perfectly effected by simply anointing the surface of the body, scalp included, twice a day with olive oil." "The precise period at which it should be begun varies somewhat, no doubt, in different cases. As early as the fourth day of the eruption, a white efflorescence may often be observed on the skin of the neck and arms, which marks the liberation of the new death-giving brood. This efflorescence should be made the signal for the first employment of the oil. From this time the oiling is continued until the patient is well enough to take a warm bath, in which the whole person, scalp included, is well scrubbed, disinfecting soap being abundantly used during the process. These baths are repeated every other day, until four have been taken, when, as far as the skin is concerned, the disinfection may be regarded as complete." "A week or ten days additional quarantine is, however, seldom objected to; and is on the whole, perhaps, more prudent"—more prudent certainly if, as our author had previously stated, "the process of desquamation, by which this crop is finally cast loose, is a very slow one, lasting for the most part over many weeks."

From these extracts the reader will readily comprehend the scientific exactness of the whole paper. In this respect it does not differ from most of the papers and works on disinfection and "prevention."

It would be interesting to ascertain what proportion of the inhabitants of Bristol have been saved from scarlet fever during the last "twenty years" in which, "in a very wide field," Dr. Budd "has never known the disease to spread in a single instance beyond the sick room" where this method was tried. He admits, however, that there are "unhappily large masses" to whom

"it would be little short of mockery to speak of such measures as I have proposed in connection with them," and "that there are few families that have not at one time or another felt the deadly power" of the disease. Yet with great apparent complacency he avers that "if the measures here suggested were systematically and energetically put in force against this great enemy of man, the annual number of the slain would fall to a very low degree."

Are not such dicta of such stuff as dreams are made of?

The *British Medical Journal* is the accredited organ of the British Medical Association!

X. Y. Z.

*The Philadelphia System of Obstetrics, in twelve parts, fully illustrated; etc.* By Jos. S. LONGSHORE, M.D., Professor of Obstetrics and Diseases of Women and Children in the Philadelphia University of Medicine and Surgery, &c. &c. Philadelphia: University Publication Society, 1868. 8vo. Pp. 800.

Our readers have already seen a notice of a medical publication by Dr. Paine, also of "the Philadelphia University." If curious concerning it, they may refer to the *JOURNAL* for January 14th. The book before us may be said to bear a strong family likeness to that of Dr. Paine. It will be best to let it speak for itself on the subject of its own merits, with which (it is to be hoped) the author is better acquainted than is the profession at large.

In the preface Dr. Longshore says: "Our sole object has been to collect the glittering gems of truth from whatever sources we could make available, and arrange them in a casket that may remain imperishable through all coming times as the truth itself is imperishable." He next informs us that he was induced to enter upon the special study and practice of obstetrics by two cases which fell in his way. The first was one of "most terrific puerperal convulsions, which recovered under his charge after having been abandoned as hopeless by three of the most experienced and distinguished physicians of the neighborhood." The second was one of extreme menstrual derangement, in a young woman who refrained from informing her mother of her disease. "This sad mischief resulted," in his opinion, "from a misdirection of that innate modesty which is the gem of the female character!" He then speaks of the Female Medical College of Pennsylvania, of which he was one of the original

Vol. III.—No. 1a

ora, himself occupying a professor's chair during the first three courses of "regular medical instructions;" after which his connection with the institution ceased. As to his book—"prepared by request"—it is "different from any other medical text-book extant," in the catholicity and the "broad liberality of thought it inculcates."

In a second preface the author gives a "history of obstetrics," beginning with Adam and Eve, Saturn, Uranos, Jupiter and their consorts, and closing with the University of Pennsylvania. Then comes a chapter (called a "Frontispiece") on *Woman*, which exhibits a peculiarly naive vulgarity, almost astounding to us, and excellently well suited to the taste of those who are seeking a literary stimulus to morbid sexuality.

In the main body of the work we find a great number of remarkable facts, pervaded by a certain air of romance which inclines us to doubt for a moment the author's credibility.

We are told that the stethoscope was for some time greatly in vogue, but that it has been, to a great extent, superseded by the bare ear, except in some cases of females, where the mammae prevent the direct application of the ear, and where motives of "delicacy" suggest its use. "Aside from such considerations, it possesses no merit, that is not enjoyed by the unassisted ear."

Of the duration of pregnancy he does not treat. He contents himself with the bodily transference of an article contributed to this *Journal* about a year ago, by our own Professor of Obstetrics—an article which claims to be only a list of cases, chiefly valuable as material for the professed statistician. We hardly think their author will agree with Dr. Longshore in his remark "that they are American, which enhances their value with the American student." Science has no nationality, though quackery may have.

Of the erudition which is freely placed at the reader's disposal, we give the following specimens:

"The os occipitis, occipital bone, from *ovio*, inion, occiput." "Cloaca (from the French *cloaque*, from *cluere*, to purge itself, from *κλυα*, kluya, I wash.)" "Gestation (from L. *gestatio*, G. *φύα*, phoga, to carry.)" "Chorion, from *χοριον*, korion, "skin," from *κρυειν*, korein, "to contain." He cites Van-den-bosh, Lænnec, La Chapell, and others. But to treat briefly a disagreeable subject—The book contains



no evidence of the author's fitness for the position of Professor, even at the University of Philadelphia; its only valuable portions are the selections from other writers which he has made, or caused to be made; and wherever he makes an original observation, it is sure to display conceit based upon ignorance, impudence verging upon arrogance, or a spurious delicacy suggestive of its opposite. And he calls this thing the "Philadelphia System of Obstetrics"!

D. F. L.

## Medical and Surgical Journal.

BOSTON: THURSDAY, FEBRUARY 4, 1869.

In becoming again connected with this JOURNAL, it is our purpose that its Editorial matter shall be, in large share, an abstract of the medical topics and transactions of the day.

We shall return to a former plan of "notices to correspondents"; i. e., mention will be made of all communications received, without allusion to the acceptance or non-acceptance of any of them. The authors of such communications as may, for any reason, be considered unsuited to the purposes of this JOURNAL may definitely ascertain the fact of their rejection by private correspondence. But, we bespeak the forbearance of writers for the delay which sometimes occurs before their articles can take their turn at the press. The publishers stand ready, however, to supply extra pages whenever the accumulation of contributed matter may render it necessary. Papers, therefore, on any and all subjects connected with medicine and surgery are earnestly solicited.

With an array of talent not surpassed, at least, in any other section of the country, the medical men of New England are remarkably shy of the types. Many are the statements, uttered at our Society meetings, which are gems of thought or observation, but which never can be got into print because their authors are too indifferent to write them off for the Secretaries. Years ago, in comparing this with some other portions of the United States, Dr.

Holmes remarked that "the leaving out is in inverse proportion to the yield." There is an abundance of scientific material amongst us. The only difficulty is in bringing it out, and thus preventing it from going to waste. We wish the ice of this Northern reserve might be broken through.

THE *Gazette Hebdomadaire de Médecine et de Chirurgie* year before last published a statement of M. Girdès with reference to the report of a Committee of the Boston Society for Medical Improvement, upon certain cases of death attributed (erroneously as considered by the Committee) to anaesthesia produced by sulphuric ether. That journal, we believe, has not yet acknowledged our reply of May 28th, 1868, to the comments of M. Girdès on our *reclamation* offered December 19th, 1867.

FROM the *Dublin Quarterly Journal of Medical Sciences* (the last number which has been received here, that of November, 1868) we make the following notes. Article XIII. gives a history of *Rupture of the Urinary Bladder*. It describes a case of that lesion which ended in recovery, and in which the peritoneal sac was washed out with tepid water injected through the rent in the organ. The reporter, Dr. Thorp, states that out of upwards of fifty cases of this injury, scattered through the archives of medical societies and journals, there are but three instances of recovery recorded, previous to that related by himself; and in one of those three alleged cases there are doubts of its real nature.

*Apophos* of the remark that an unusually severe form of *paronychia* had latterly prevailed in Dublin, an excellent description of that disease is given, and is accompanied with colored illustrations of the affection.

*Tape-worms* are stated to be of rather rare occurrence in Ireland, where yet the pig is an important inmate of the cabin. *Tænia solium* and *T. mediocanellata* are met with, though the latter is comparatively seldom recognized. Dr. Frazer, however, believes that the *mediocanellata* has often been confounded with the *tænia solium*, and is far more common in the Island



than is generally supposed. He declares that the bothriocephalus is by far the rarest of these entozoa, only the fifth instance of it having been as yet reported in Ireland.

M. Demarquay is quoted as saying of carbonic acid, that anaesthesia of the skin, when produced by it, only occurred under the influence of a continuous jet played upon a very limited portion of the body; that introduced into the system by the respiratory organs it does not produce the poisonous effects which have been attributed to it, those effects being due to its admixture with carbonic oxide or other agents; that carbonic acid is simply irrespirable; that in man it seems impossible to produce anaesthesia by breathing it, without danger of asphyxia.

As Nice is one of the fashionable resorts for consumptives, it is worth while to be informed that its climate and peculiarities as a health resort have been done into a brochure of 37 pages by Dr. Hughes, Prof. of Surgery in the Royal College of Surgeons of Ireland. Dr. Hughes says that the climate of Nice, which is of a stimulating character, is very beneficial in certain forms of phthisis, in chronic bronchitis, atonic dyspepsia, albuminuria, and "many allied forms of disease;" but that it is "injurious in advanced cases of phthisis (especially where there is a quick pulse, with irritative fever), in irritative dyspepsia," &c. It is asserted, also, that different districts of the town are suitable for different forms of disease, so that patients going there should be warned as to the residences they select. The pamphlet is published by Cooper, of Dublin.

By way of the *Archives G n rales*, we learn that Dr. Santesson reports (in the *Journal. f. Kinderkrankheiten*, 1868) that, having injected a few drops of perchloride of iron into an *erectile tumor* in an infant, the child died with convulsion in the space of a few minutes. At the autopsy, there were found voluminous clots in the *lar. v* venous trunks, and in the right auricle and ventricle. The author thinks the injection penetrated a vein and produced the clots, and recommends that during such operations the veins connecting with the tumor be compressed.

*Cerebro-spinal Meningitis* was not extinct in Ireland in 1868. The disease, in its present or recent visitation, invaded that country in 1866. The last case we happen to have heard of there was in January, 1868.

In a December number of the London *Medical Times and Gazette*, it was stated that "Palaeo-pathology" was recently introduced for the first time by Mr. Busk, at the Pathological Society, by the exhibition of a bone from a fossil rhinoceros showing traces of rheumatism; a repaired fracture in a cave bear; and a diseased pelvic bone, also of *Ursus spelaeus*.

Dr. J. G. M'Kendrick (*Edin. Med. and Surg. Journal*, Dec., 1868) relates a case of fatal "*meningo-cerebritis*," caused probably by exposure to the sun" during the unwonted heat of which our trans-atlantic cousins complained so loudly last summer. At the autopsy, the whole of the posterior half of the left hemisphere was found to be soft and infiltrated with a purulent-looking matter, and the left lateral ventricle was filled with it. The right hemisphere was not so much congested as the left; there was no pus or broken-down substance, but the right ventricle contained dark-looking serum. There was no abscess with definite walls. The patient's speech became defective on the eleventh day of his illness; and Dr. M. draws attention to the fact that it was the posterior lobe of the left hemisphere which was chiefly affected, the anterior lobe being "firm and healthy looking, with the exception of the small red spots to be seen on making an incision into the cerebral substance." The reporter alludes here to M. Broca's theory of the seat of articulate language in the *left anterior lobe* of the brain.

Dr. M'Kendrick refers to the use of "*iodide of potassium*" in this patient, without apparent advantage. He, however, quotes the allegations of Dr. Tanner and others as to its great benefit in apparently hopeless cases of encephalitis when given in large doses—three to eight grains every four or six hours.

In the same *Journal* a case of *placenta praevia* is reported by Dr. Frazer. *H morrhage*, which was profuse, stopped at once

upon the entire separation of the placenta after the manner of Simpson. The bleeding had been previously checked by the tampon, which was retained till labor pains came on. The child came footling, and was born dead. The mother was extremely exhausted, but recovered, though she remained anæmic in her appearance.

The *Archives Générales de Médecine* for December has an article by Dr. Galezowski on *neuritis and peri-neuritis of the optic nerve, and their connection with cerebral affections*. Dr. G. says that among the cerebral affections which induce inflammation of the optic nerve, there are known to him only three kinds which have been verified by autopsies. Those are basilar meningitis, cerebral tumors and abscess of the brain. The *scleroses en plaques*, softening from embolism, locomotor ataxy, &c., on the contrary, give rise only to progressive atrophy of the optic nerve. Cerebral apoplexy sometimes disturbs vision. But this symptom so caused is exceedingly rare, and there is in company with it either congestion, or effusion, or atrophy of the papillary layer. Dr. G. was struck with the constancy with which certain symptoms attend the development of optic neuritis. Thus the abrupt invasion of amblyopia or amaurosis, mydriasis, and the coexistence of the neuritis in the two eyes, are habitual symptoms which he would almost call pathognomic of the cerebral affection. But few exceptions have been found to this rule.

To the ocular signs, Dr. G. adds certain rational symptoms, such as vomiting, constant vertigo, violent pains in the brow or occiput, epileptiform convulsions, paralysis of the seventh, fifth and eighth pairs. Paralysis of the third or sixth pair may also occur, but it is ordinarily monocular when the neuritis is due to basilar meningitis.

In the same number, Dr. Duplay gives a paper on "*congenital tumors of the sacro-coccygeal region*." In that region, he says, a certain number of congenital tumors have been found communicating directly with the rachidian canal. But they are rare. Their structure varies, though they are usually described as *cysto-sarcomata*.

Congenital tumors in the sacro-coccygeal region, having no connection with the ca-

nal, are numerous. They are most frequently situated on the anterior surface of the sacrum and coccyx, and consequently in the pelvic cavity. They are generally elongated in shape, and their size varies from that of a hen's egg to that of the head of a fetus at term and upwards. A few scarcely pass beyond the crotch; while others descend as far as the hams, or even the heels. The tumor is usually fixed to the coccyx by a more or less firm pedicle.

Dr. D. makes five classes of these tumors:—1, cysts; 2, sarcomata and cysto-sarcomata, to which he adds fibromata and cysto-fibromata; 3, lipomata; 4, *tumeurs caudales*; 5, certain tumors of very complex nature.

The children affected with these tumors are usually attenuated, but with some exceptions are well formed. They are often born before their time, and frequently also their death precedes parturition. Of 70 cases of infants born alive with these lesions, 61 died. The death generally took place a short time after birth. Authors allege some few cases of individuals living with these tumors from 20 to 55 years. But the congenital existence of the lesions in these cases is not absolutely proved. The cysto-sarcomata are the most fatal.

Results are quite in favor of operative interference. In 12 extirpations of fetal tumors (tumors involving "fetal inclusion"), there was success in eleven cases and death in one; and in that one there was complication with spina bifida. For the other congenital tumors—cysts, cysto-sarcomata, sarcomata, &c.—in the twenty extirpations performed, there were but three deaths and two doubtful terminations.

The results of other operations upon these tumors—puncture, incision, ligature—have been deplorable. Nine cases of puncture or simple incision were all fatal. One case of puncture, with iodine injection, was successful. The ligature, employed five times, gave three deaths and two "cures."

Dr. Marchand, in the *Nouveau Dictionnaire de Médecine et de Chirurgie*, has collected a sufficient number of cases of *strangulated hernia*, in which an infusion of *coffee* had appeared to relieve the difficulty, to induce the *London Medical Times and Ga-*

zette to recommend a further trial of the alleged remedy. A half pound of roasted and powdered Havana coffee is to be added to twelve "cupfuls" of boiling water. Of this a cup is to be taken every quarter of an hour till eight cups are taken; after this, half an hour is to elapse between the doses. *Quære.* Is it the hot water, or the coffee which does the work? Or is the apparent effect merely a coincidence?

The same Journal reviews a work by Dr. Wunderlich on the "Temperature of Healthy Man"; and an article by M. Hirtz, entitled *Chaleur dans les Malades*, in the *Nouveau Dictionnaire de Médecine*. Wunderlich says the normal temperature of the axilla may range from 97.3° to 99.5° Fahr., the mean being 98.6. "It does not follow that a normal temperature is indicative of health; but every one is in a diseased state whose temperature is above or below the normal limits." The temperature in diseases, the reviewer goes on to quote, has a definite range, whose limits cannot be exceeded, of 22° or 24° Fahr.; i. e., from 112.5° to about 89.6° Fahr. Save by exception, the morbid limits may be put at 108° and 91.4° Fahr.

It is added that influences which do not affect the temperature in health may act very decidedly in disease, and this mobility of the temperature is an indication of morbid action. Deviations in temperature may be limited to those parts of the body which are the seats of diseased action.

**THE BOSTON DISPENSARY.**—As most of our city readers are already aware, the City Government has erected a spacious structure at the corner of Hawkins and Chardon streets, for the purpose of uniting under one roof the principal charitable associations of Boston, and thereby producing a concentration of action unattainable while their various offices and depots were scattered through the city. Among others it has awarded to the Boston Dispensary three spacious rooms in the basement story fronting on Chardon street, where the managers propose to establish a branch to the Institution, with a daily medical and surgical service, as soon as the necessary arrangements can be made. A new field for charitable as well as profes-

sional effort is thus opened to the members of the medical profession, and we trust that the interests of the sick poor will not suffer through the lack of the voluntary services of a class which has ever been prominent in every scheme for the benefit of the dependent and the suffering.

Dr. BUCKINGHAM has shown us some steel instruments which have been plated with nickel, giving them somewhat the appearance of German silver. They had lain two or three weeks in a wrapper of vulcanized rubber, and had not been in the least tarnished by the sulphur contained in the rubber. The nickel coating is done at about half the cost of silver plating, by Mr. Remington, 14 Province street, Boston.

*The London Review* is merry over Dr. Chapman's ice-bag remedy for sea-sickness, after this wise:—

"Nor is this deeply interesting pamphlet without its points of humor. Case XIV. inevitably provokes a smile. On the 23d of May, 1864, Dr. Chapman, being in the tidal train that had left Boulogne for Paris, volunteered to apply the ice-bag to the spine of a gentleman who, having just crossed the Channel, complained of nausea. The doctor took an ice-bag out of his plaid, and placed it along the gentleman's back. The latter felt much better, and "begged to be allowed, if possible, to possess himself of the ice-bag. . . . Having obtained my assent, he promised to write to me a report of his further experience in using the bag; but up to the present time this promise remains unfulfilled." Now, even without assuming, what seems probable, that this gentleman carried off one of Dr. Chapman's ice-bags without paying for it, this is melancholy, and if the gentleman is still living, and if this should meet his eye, it is to be hoped for the credit of human nature, that he will redeem his four-year-old promise.

EXTRACT FROM "A CASE OF POPLITEAL ANEURISM RAPIDLY CURED BY MANIPULATION,\* FLEXION AND DIGITAL COMPRESSION." By GEO. C. BLACKMAN, M.D.—The manipulation of the tumor, as first proposed and

\* "The term given to this paper means a particular manipulation of an aneurism, whereby the fibrin may possibly be so displaced as either in part or in whole to block up the main artery on the distal side of the disease."—Commencement of Mr. Fergusson's paper, 1857.

practised by Sir. Wm. Fergusson, having been carried out, Prof. B. [Oct. 22d] flexed the leg strongly upon the thigh, and then requested Prof. Conner and Dr. S. C. Muscroft to keep up firm digital compression upon the femoral artery just below Poupart's ligament. At the end of thirty minutes only a slight thrill could be detected. The digital compression was continued for sixty-eight minutes, when the leg was secured to the thigh by a strong band of adhesive plaster, and the patient was carried to his bed. Prof. B. remarked, that in all probability the digital compression had been sufficient to secure the formation of the clot which was to fill and consolidate the tumor, but to make the matter still more certain, he would continue the flexion treatment for a short time longer.

October 23.—Patient had no sleep in consequence of the severe pain he suffered, although he took  $2\frac{1}{2}$  grains of morphia during the night. It was a noticeable fact, that immediately after the operation, the temperature of the leg and foot became greatly diminished, while the sensibility of the parts was greatly increased. For some hours the foot and leg had a mottled appearance. On the day following the operation, the adhesive plaster was removed and the limb was extended until the leg and thigh were at right angles to each other. This change of position gave the patient great relief, and was maintained by a renewal of the application of the plaster.

October 24.—Pretty comfortable this morning, although occasionally some pain is felt in the knee. Tumor decreasing in size.

October 25.—Rested well last night with  $\frac{1}{2}$  grain of morphia. No pulsation in tumor.

October 26.—Still improving; tumor much diminished in size; no pulsation whatever. Takes at night  $\frac{1}{2}$  grain of morphia.

October 30.—Discharged—cured—the tumor not being more than half of its original size.

On the seventeenth of December, this patient came from his residence in Indiana, to show me the excellent condition of his limb. He stated that for some weeks after leaving for home, he suffered much pain in his leg and foot, and that it was easily affected by the cold. Prof. Conner and Dr. Dodge carefully examined the patient with me, and we were all fully satisfied that the cure was perfect. The tumor was thought to be about one-third its original size. It was quite solid to the touch.—*Western Journal of Medicine.*

EXTRACTS FROM THE LONDON MEDICAL TIMES AND GAZETTE.—We expect to have occasion often to do as we have done to-day, viz., group together a number of quotations from the same or several numbers of this periodical. We have subscribed for its weekly issues to come by mail, and shall thus have prompt access to European medical news:—

In the number for January 2d, 1869, the editor thus describes *Professor Owen's "Conclusions" in the Science of Life.* . . .

But as he advanced in his original researches, and more especially in the task of arranging the osteological department of the Hunterian Museum, he felt himself forced to reconsider the conclusions of Cuvier, to which he had before yielded assent; and he adopted the device of an ideal archetypic vertebrate animal, in order to demonstrate the principle of unity of organization. He holds, therefore, the doctrine of unity of plan, although dominated by and associated with that of adaptation to purpose.

According to the homological doctrines of Owen, a vertebrate animal is a sum of successive segments known as vertebrae—developed under the influence of, as it were, two opposing tendencies; one being the tendency to repetition of similar parts, the other to specialization. The principle of repetition—vegetative or irrelative repetition, as Owen calls it—is characteristic of the lower forms of life, and may be exemplified by the numerous and similar many-jointed terminal divisions of the pectoral limbs of the fishes, thence called Rays; by the multiplicity of similar teeth in the lower vertebrates; and by the multiplied vertebral segments of snakes, eels, and the like. If we compare the five fingers, the teeth, and the vertebrae of man with the like parts in the lower vertebrates, we shall get an idea of specialization—of the advance from the "many and like" parts in the lower to the "few and unlike" parts in the higher, in which each finger, tooth and vertebra can be singled out by a competent anatomist, and designated by its proper name and symbol.

Seeing, then, that every vertebrate animal is formed upon one model, by the special development of segments ideally alike, it follows that animals may have answerable parts, though they have no "answerable functions" to perform; that any animal may have organs, or vestiges of organs, not because they are of (teleological) use to it, but because they belong to the general model; and that all the differences from

lowest to highest are produced by degrees of development of parts common to all. As to the cause of these differences, Owen traces the successive manifestations of vertebrate life and form, not to direct or "miraculous creation," but to a natural law, or secondary cause, "operative in the production of species in orderly succession and progression."

There is one generous and eloquent passage in which Professor Owen expresses his fullest conviction that the production of new species is governed by an intelligent and beneficent Will, which has not only predestined the conditions necessary for each, but has taken care for all as one harmonious whole. "Of all the quadrupedal servants of man, none have proved of more value to him in peace or war than the horse; none have co-operated with the advanced races more influentially in man's destined mastery over the earth and its lower denizens. In all the modifications of the old palæotherian type to this end, the horse has acquired nobler proportions and higher faculties, more strength, more speed, with amenability to bit. No one can enter the saddling-ground at Epsom before the start for 'the Derby' without feeling that the glossy-coated, proudly stepping creatures led out before him are the most perfect and beautiful of quadrupeds. "As such," says Professor Owen, "I believe the Horse to have been predestined and prepared for Man." It is significant that the horse is coeval with the same geologic formations as Man. . . . .

**Oil of Turpentine in Traumatic Erysipelas.**—Professor Lücke, of Bern, relates several cases in proof of the great utility attending the local application of oil of turpentine in traumatic erysipelas, the redness disappearing in two or three days, and the temperature falling in a remarkable manner. This effect was more rapidly produced by rubbing in the turpentine than by merely pencilling with it. The diminution of temperature was observed even in cases in which the erysipelas for a while continued to spread. No local irritation results from the application of the turpentine, the patient only complaining of a temporary feeling of burning. Dr. L.'s account is quoted from the *Berliner Klin. Wochenschr.*, Nov. 9th.

Finally, the same journal has picked up from this side of the water a New York advertisement. "If you really want a pure and unsophisticated family pill, buy Dr. Rumboldt's liver-encouraging, kidney-persuading, silent perambulator. 27 in a box. This pill is as mild as a pet lamb, and as

searching as a small-tooth comb. It don't go fooling about, but attends strictly to business, and is as certain as an alarm clock!"

Scarlatina produced 67 deaths in London during the week ending Dec. 26, and 1380 in the fourth quarter of 1868.

**TEMPERATURE IN TETANUS.**—Wunderlich reports two cases from his own clinique; one of traumatic origin, the other idiopathic. They entered the hospital on the 7th and 10th days, respectively. The temperature in the first case, for three days, ranged from 99.3° to 101.4°; no improvement of consequence occurred, and aconiti tr., in doses rising to forty drops daily, was given during twelve days following. The second case, for nine days, ranged from 98.2° to 100.9°; no special improvement; aconiti tr. fifteen drops daily for thirteen days following. Both cases recovered completely; recovery commencing with the use of the aconite. He infers the temperature of uncomplicated tetanus at its height to be "somewhat above the normal, yet below the limit of actual fever—i.e., between (37.4 and 38.4) 99.3° and 101.1°." A higher temperature would probably show the presence of some complication, or an approaching fatal termination; a return to the normal heat may perhaps show that convalescence has commenced. In the second case a slight intercurrent pneumonia, lasting three or four days, actually raised the temperature, but only to 101.5°. Further observations are needed. The tincture used contained one part of aconite in twelve; having less than one-fourth the strength of the U. S. stronger tincture.—*Archiv der Heilkunde*, 10. Jahrg. 1. Heft. D. F. L.

We are gratified by seeing a monograph which appeared in this JOURNAL (year before last) translated into the German, and making the leading article in a first-class periodical—the *Allgemeine Wiener Medizinische Zeitung* for Jan. 12th, 1869. The paper, entitled Ununited Fracture successfully treated, by Dr. H. J. Bigelow, is done into German by Dr. Richard H. Derby, of this city.

We learn from a private source that Dr. Brown-Séquard has accepted a chair in the Paris Faculty of Medicine. This will not prevent him, we are happy to say, from making occasional visits to this country.



## Medical Miscellany.

### SLEEPING SICKNESS (MALADIE DU SOMMEIL).

—A short article with the above title, by Dumoutier, a surgeon in the French Navy, appears in the *Gazette des Hopitaux*, Oct. 13, 1868. The disease was met with on the coast of Africa, and especially in the territory of Gabo and Congo. There is an irresistible tendency to sleep, accompanied with no suffering, but with a general weakening of the limbs; the gait is uncertain, and the tactile sensibility seems perverted. During the sleep, the faeces and urine are voided involuntarily. Intelligence seems unaffected, respiration is normal and digestion regular. The patients are shunned by their companions.

The disease is observed more especially among the slaves or captives from the interior, who have undergone great suffering and performed excessive work with insufficient and bad food—and who are the victims of chagrin, ennui and despair.

Strychnia, tonics, exercise and electricity were employed, all to no purpose.

At two autopsies, no change was found either in the brain, the cord, or their membranes.

CORNELL University is to have a rich collection of shells. Dr. Newcomb, who has been engaged in conchological researches and gatherings for the last thirty-five years, has amassed, it is said, a collection of nearly 5,000,000 specimens, and about 12,000 species with their varieties—all of which have been secured for the new University by Mr. Cornell. The labor of two years by Dr. N. will be required to arrange and mount his shells.

The following graduates of the Medical Department of Yale College received the degree of M.D., at the close of the recent commencement exercises:—George W. Benjamin, M.A., New Haven; David Crary, Hartford; John Morgan, Hadlyme; Byron W. Munson, Seymour; Daniel Poll, Hartford; Gould A. Shelton, Huntington; Hanford Lyon Wixon, New Haven; Luther H. Wood, Ph.B., New Haven. The Silliman prize was awarded to Luther H. Wood. A change in the curriculum of study is under consideration.

The number of deaths in Glover, Vt., the past year was only eleven, with a population of nearly 1300. Two were males, aged 70 and 94—9 were females, four of them being 68, 70, 87 and 94, two were aged 45 and 58, and one was 18.

A CHARITY HOSPITAL AT JERSEY CITY.—The Common Council of Jersey City recently passed the following ordinance:—

“There shall be appointed by the Common Council four regular practitioners of medicine, and four regular practitioners of surgery, of the city of Jersey City, and members of the Hudson County Medical Society, who shall be known as the Visiting Physicians and Surgeons of the Jersey City Charity Hospital, and they shall constitute a Medical Board. Their appointment shall continue during the pleasure of the Common Council, and their services shall be gratuitous.”

PROF. THOMAS GRAHAM, Master of the Mint in Great Britain, a distinguished chemist, and author of the celebrated “Elements of Chemistry,” has written a letter to Prof. Horsford, of Harvard University, announcing his discovery of “Hydrogenium,” a new metal. Its specific gravity is about 2; its color is white.

### MEDICAL DIARY OF THE WEEK.

MONDAY, 9, A.M., Massachusetts General Hospital, Med. Clinic. 9, A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9, A.M., City Hospital, Medical Clinic; 10, A.M., Surgical Lecture. 9 to 11, A.M., Boston Dispensary. 10-11, A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

FRIDAY, 9, A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11, A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10, A.M., Massachusetts General Hospital Surgical Visit; 11, A.M., OPERATIONS.

TO CORRESPONDENTS.—The following communications have been received:—Case of Cutaneous Horn of the Eyelid—Membranous Croup; Tracheotomy—Case of Monstrosity—Cases of Laryngoscopic Operation—Cases of Sudden Death—Plan against Acid Medicines—Paper read before the Norfolk District Medical Society on Malignant Vesicles—Dedication of a Medical Hall at Washington, D. C.

The writer of a business letter from Lawrence, dated Jan. 29th, forgot to sign his name.

BOOKS AND PAMPHLETS RECEIVED.—Essentials of the Principles and Practice of Medicine. By Henry Hartshorne, A.M., M.D. 2d edition. Philadelphia: Henry C. Lea.—A Treatise on the Disease of Infancy and Childhood. By J. Lewis Smith, M.D. Philadelphia: Henry C. Lea.—A Conspectus of Medical Sciences. By Henry Hartshorne, A.M., M.D. Philadelphia: Henry C. Lea.—Syphilis and Local Contagious Disorders. By Berkeley Hill, M.B. Lond., F.R.C.S. Philadelphia: Henry C. Lea.—Prospectus of Archives of Ophthalmology and Otolaryngology, by Prof. H. Knapp, M.D., of New York, and Prof. S. Moos, M.D., of Heidelberg.—Joined Twins: The Obstetrical and Surgical Management, with Remarks. By A. B. Cook, A.M., M.D., Prof. in the Kentucky School of Medicine, Louisville.—Optical Defects in School Children: An Address before the Massachusetts Teachers' Association at its Annual Meeting, Oct. 17, 1868.—On the Identity of the White Corpuscles of the Blood with the Salivary, Pus, and Mucous Corpuscles. By Joseph G. Richardson, M.D., formerly Resident Physician of the Pennsylvania Hospital.—Venesection as one of the Means for the arrest of Unavoidable Hemorrhage. By C. C. F. Gay, M.D., Member of the Surgical Staff of the Buffalo General Hospital, Buffalo, New York.

DEATHS IN BOSTON for the week ending Saturday noon, January 30th, 116. Males, 60—Females, 56.—Accident, 6—anemia, 1—anæmism, 1—disease of the bowels, 1—inflammation of the bowels, 1—disease of the brain, 9—inflammation of the brain, 1—bronchitis, 7—cancer, 1—consumption, 17—convulsions, 4—croup, 4—cyanosis, 2—debility, 2—diphtheria, 3—dropsy of the brain, 5—erysipelas, 3—exposure, 1—scarlet fever, 7—gastritis, 2—disease of the heart, 3—infantile disease, 2—disease of the kidneys, 2—disease of the liver, 1—congestion of the lungs, 2—inflammation of the lungs, 11—marasmus, 1—pleurisy, 2—premature birth, 4—puerperal disease, 1—purpura hemorrhagica, 1—rheumatism, 2—whooping cough, 2—unknown, 4.

Under 5 years of age, 52—between 5 and 20 years, 17—between 20 and 40 years, 17—between 40 and 60 years, 16—above 60 years, 14. Born in the United States, 66—Ireland, 18—other places, 12.





**CUTANEOUS HORN OF THE EYELID.**



**THIS CUT IS LIFE-SIZE.**

[See Boston Medical and Surgical Journal, Vol. III., New Series, page 11.]